ANNUAL RENEWAL FORM FOR THE
CITY OF MOBILE, ALABAMA, BUSINESS LICENSE FOR 2020

CERTIFICATE TO BE USED IN REPORTING ALL TYPES OF NEW INSURANCE WRITTEN IN 2019 FOR
THE PURPOSE OF COMPLYING WITH THE CITY OF MOBILE’S BUSINESS LICENSE CODE.

1. Fire and Marine Insurance - New Business: include all fire lines & marine and allied
coverage, including, but not limited to inland marine, ocean marine, and boat owners.

A. Gross premiums, less return premiums, on policies issued during 2019 on property
located within the City limits of Mobile (Code: 524126). If there are return premiums only
then enter 0.

   Amount of premiums collected in 2019 $ ___________________ @ 4%=_______________

B. Gross premiums, less return premiums, on policies issued during 2019 on property
located within the Police Jurisdiction of the City of Mobile (Code: 524129). If there are
return premiums only then enter 0.

   Amount of premiums collected in 2019 $ ___________________ @ 2%=_______________

2. All Other Insurance - New Business: include all other lines which were not reported in
paragraph 1 (A) and (B), including life, health, accident, surety bonds, public liability,
auto liability and property damage, and all other miscellaneous coverages.

A. Gross premiums, less return premiums, received during 2019 on policies issued
during 2013 to citizens of the City of Mobile (Code: 524113). If there are return premiums
only then enter 0.

   Amount of premiums collected in 2019 $ ___________________ @ 1%=_______________

B. Gross premiums, less return premiums, received during 2019 on policies issued
during 2013 to citizens of the City of Mobile’s Police Jurisdiction (Code: 524115). If there
are return premiums only then enter 0.

   Amount of premiums collected in 2019 $ ___________________ @ .5%=_______________

   Issue Fee: 10.00

(*) required for premiums written in category 2-A or 2-B-Flat Fee: 50.00*

TOTAL ___________________

AFFIDAVIT: State of___________________, County of____________________, I,___________________________, am
Duly authorized to make this certificate for: Name of Company:_____________________________

Mailing Address:____________________________ City:________________ State:______ Zip:_______

And I do hereby certify under oath that the amounts shown above are the total amount of premium revenue defined in
section 1 and 2 above collected in 2019 on policies issued by said company on business written by each agent or
representative of the Company, and no deductions taken for reinsurance or dividends paid.

By:______________________________ Title:___________________________

Enclose check with completed affidavit to:
Dept. #1530
City of Mobile Business Licenses
Post Office Box 11407
Birmingham, AL. 35246-1530